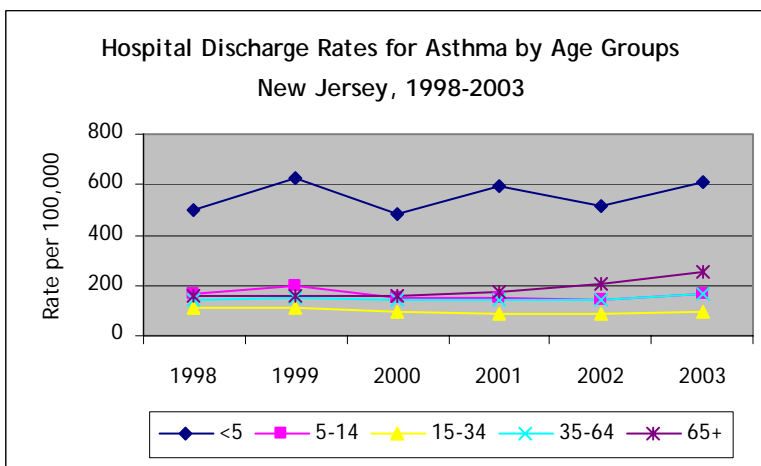




HEALTH DATA FACT SHEET 2005

Asthma

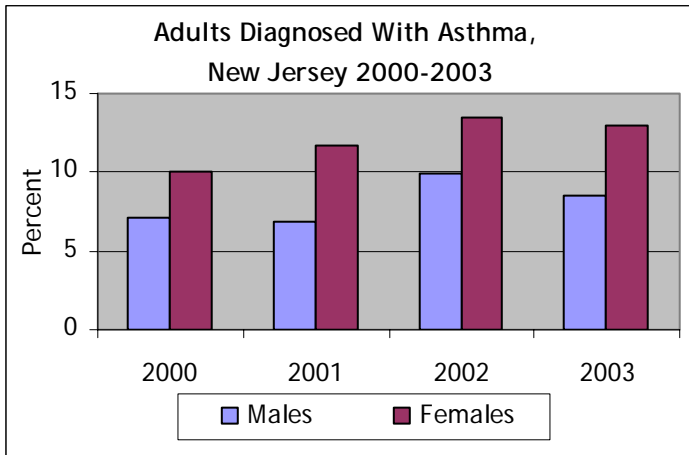
- ❑ Asthma is a chronic lung disease caused by inflammation and increased responsiveness of the airways. Asthma affects approximately 18 million persons in the United States and is becoming more common.
- ❑ Asthma is characterized by intermittent episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing.
- ❑ There are two types of asthma, allergic or extrinsic asthma (symptoms are triggered by an allergic reaction) and non-allergic or intrinsic asthma (symptoms triggered by factors not related to allergies). Many of the symptoms of allergic and non-allergic asthma are the same. However, allergic asthma is triggered by inhaling allergens such as dust mites, pet dander, pollens, mold, etc. and non-allergic asthma is triggered by other factors such as anxiety, stress, exercise, cold or dry air, hyperventilation, environmental tobacco smoke or other irritants.
- ❑ In most cases the cause of asthma is unknown, but family history contributes to susceptibility. New research suggests exposures early in life to tobacco smoke, infections, and some allergens may be important.
- ❑ Asthma is one of the most common chronic diseases of childhood. It is the leading cause of school absenteeism attributed to chronic conditions.
- ❑ According to the 2003 National Health Interview Survey (NHIS), nine million American children under the age of 18 (12%) have ever been diagnosed with asthma. Over 4 million children (6%) had an asthma attack in the 12 months prior to the survey.
- ❑ The NHIS data show that boys were more likely than girls to have ever been diagnosed with asthma (14% versus 10%). Non-Hispanic black children were more than twice as likely as Hispanic children to have had an asthma attack in the past 12 months (9% versus 4%). Additionally, children living in low-income or single-parent families were found to be more likely to have been diagnosed with asthma as compared with other children.



- ❑ Death from asthma is uncommon, but the condition is responsible for many outpatient visits, emergency department visits and hospital admissions, primarily among children. Children under 5 years of age have the highest hospitalization rate for asthma. Non-Hispanic black children were almost twice as likely as Hispanic children to have had an asthma attack in the past 12 months.

❑ As of 2002, 12% of New Jersey children had been diagnosed with asthma of whom 67% continually suffer from the effects of asthma according to findings from the New Jersey Behavioral Risk Factor Survey (NJBRFS).

- ❑ In 2003, an estimated 710,000 New Jersey adults (about 11% of the adult population) were told by a doctor, nurse, or health professional that they had asthma, according to NJBRFS data.
- ❑ Among adults, hospitalization and death rates are highest among women. The estimated number of women in New Jersey with asthma is more than double the number of men with asthma (315,856 vs. 144,366) in 2003.



- ❑ These data suggest an interesting change in the prevalence pattern of asthma from childhood to adulthood. In childhood, the prevalence of asthma is higher for boys than girls, while in adulthood women are more likely than men to have asthma. Research is currently focusing on the role of the maturation of the female hormonal system, and the changing prevalence of asthma.
- ❑ Among adults, non-Hispanic blacks are the most likely to report having ever been diagnosed with asthma, followed by Hispanics and non-Hispanic whites.
- ❑ Non-Hispanic blacks are more than four times as likely as non-Hispanic whites to be hospitalized for asthma. Hispanics are more than three times as likely as non-Hispanic whites to be hospitalized for asthma.
- ❑ In 2001, there were approximately 123 deaths from asthma in New Jersey. The age-adjusted asthma mortality rate in New Jersey was 1.4 per 100,000 population in 2001. The mortality rate for females has been higher than that for males over the past five years.
- ❑ Based on an individual's report of characteristic symptoms, a physician should suspect asthma; a diagnosis of asthma can be confirmed using spirometry (testing of lung function).
- ❑ Two classes of medications have been used to treat asthma - anti-inflammatory agents and bronchodilators. Anti-inflammatory drugs interrupt the development of bronchial inflammation and have a preventive action. Bronchodilators act principally to dilate the airways by relaxing bronchial smooth muscle.

For more data and information about asthma visit: New Jersey Department of Health and Senior Services:

<http://www.state.nj.us/health/fhs/asthma.shtml>

The Pediatric/Adult Asthma Coalition of NJ: www.pacnj.org

Source:

New Jersey Department of Health and Senior Services: [Asthma in New Jersey-Annual Update 2003](#)

[Asthma in New Jersey](#)

Center for Health Statistics: NJ 1998-2003 Uniform Billing Hospitalization file, unpublished data

New Jersey Behavioral Risk Factor Survey, unpublished Data: <http://www.state.nj.us/health/chs/brfss.htm>

Centers for Disease Control and Prevention: [Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002](#)

[Asthma Prevalence, Health Care Use and Mortality, 2000-2001](#)

[CDC WONDER](#)

American Lung Association: [Asthma & Children](#)

American Academy of Allergy Asthma & Immunology: [Asthma – A growing problem for women](#)

Asthma and Allergy Foundation of America: [Asthma Overview](#)



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